



Frequently Asked Questions (FAQ)

INCIDENT REPORTING FOR HOME- AND COMMUNITY-BASED PROVIDERS

This FAQ was created to assist providers in understanding IAC 441-77 incident reporting expectations in addition to the recorded training available to LTSS providers. This aid was prepared as a service to the public and is not intended to grant rights or impose obligations. This aid may contain references or links to statutes, regulations, or other policy materials outside of Iowa Medicaid. The information provided is only intended to be a general summary. Use of this aid is voluntary. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

FAQ CREATED: 9/27/2022 | LAST UPDATED: 9/27/2022

GENERAL QUESTIONS

QUESTION	ANSWER
Are Home Health Agencies responsible for filing major incidents? Do home making services through Public Health have to file major incidents?	As a condition of participation in the medical assistance program, HCBS waiver service providers must comply with the requirements of Iowa Code sections 232.69 and 235B.3 regarding the reporting of child abuse and dependent adult abuse and with the incident management and reporting requirements in IAC 441-77. EXCEPTION: The conditions in this requirement do not apply to providers of goods and services purchased under the consumer choices option or providers of home and vehicle modification, environmental modifications and adaptive devices, specialized medical equipment, home-delivered meals, or personal emergency response, assistive devices, chore service, or transportation.
If a member goes to the ER for a physical injury, mental health concern or medication error side-effects, but leaves without being seen by a physician, does the incident still meet criteria for a CIR?	A major incident report is not required if the injury no longer required treatment or admission to the hospital.

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<p>If the member sees their primary doctor for the physical injury and not the ER, is it a major incident?</p>	<p>It is a major incident if a physical injury experienced by the consumer requires a physician's treatment or admission to a hospital. Their primary care physician is a physician. If the member was not seen for a physical injury and no other incident types on the incident form match the event, then re-evaluate if the form actually needs to be completed.</p>
<p>Does a major incident need to be completed if client is admitted to a medical floor due to a physical issue not mental health?</p>	<p>An incident report may not be required for an ongoing physical/medical health condition that causes admission to a hospital. However, an incident report is required if an occurrence involving a member results in a physical INJURY to or by the member that requires treatment or admission to a hospital.</p>
<p>What does a provider do if they don't know that a member was seen in the ER, but finds out later?</p> <p>What if the member does not remember the incident?</p> <p>What if the provider is made aware of the incident, but cannot reach the member to gather information for the report?</p> <p>What should a provider enter on the incident report if there are a lack of details?</p>	<p>The first entity to become aware of the occurrence requiring treatment or admission to the hospital must complete an incident report with as much information as possible. Use the free text sections to explain the circumstances and complete what you are able to. Indicate additional details in the open-ended questions.</p>
<p>Are injuries of unknown origin required to have an major incident report? (i.e., a bruise on someone where they likely bumped into something such as a small bruise on the shin, etc.)</p>	<p>A major incident report is required if an occurrence results in a physical injury to or by the member that requires treatment or admission to a hospital. Otherwise, a minor incident report is required if an occurrence involving an HCBS waiver or Habilitation member is not a major incident and results in the application of basic first aid or results in bruising.</p>
<p>If a member falls, goes to the ER, and has x-rays; but NO fractures are found does a CIR need to be completed?</p>	<p>A major incident report is required if an occurrence results in a physical injury to or by the member that requires treatment or admission to a hospital. A major incident report needs to be completed for the major incident that caused the injury resulting in the ER visit.</p>

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If a member has a fall at home and EMS is called for assistance but the member does not go to hospital, do we report this?	A major incident report is likely not required because the occurrence described did not result in a physical injury to or by the member that required treatment or admission to a hospital. However, a minor incident report is likely required because the occurrence described was not a major incident and resulted in the application of basic first aid from EMS.
If a member went to urgent care because they had bruising and the staff is unaware of the origin of the bruising, would that be a major incident?	A major incident report is required because the occurrence described resulted in a physical injury to or by the member that required treatment or admission to a hospital. If the member goes to urgent care as a result of bruising, then the member is receiving treatment for an injury and this should be reported as a major incident. Otherwise, a minor incident report is required if an occurrence was not a major incident but resulted in the application of basic first aid or results in bruising.
Why are certain types of incidents tracked through the reporting process and not others?	Reporting standards are based on some reporting measures set by state and federal regulations, best practice for internal quality control, and risk management.
What should case managers do with critical incident reports after they are received from the provider?	Ensure that the report was submitted properly either via IMPA or to the MCO and then follow the agency's process for storing the forms.
Is there an error on the form available through DHS? We are unable to change which MCO is checked, "non-MCO" remains checked.	This is not an error and is to ensure providers are using the form only for FFS members. Complete the MCO forms according to slides 39 through 47 in the training.
What happens if an incident report is completed, and it's not required according to IAC?	They will be maintained by the MCO or the Department and technical assistance will be provided regarding the reporting requirements of major incidents.
If a guardian requests a copy of the incident report, how do they get it?	The case manager can distribute the incident report to the member or guardian.
The definition of major incident states an action that "results in the death of any person." Does this mean death of the member only, or would this include reporting an incident where	An incident report is required if an occurrence results in the member's death. Any incident report that is completed should be directly related to the member listed on the incident report. There would likely need to be two incident reports submitted in this case. One for the member that caused the injury that resulted in another member's death (if this fit the definition of major incident such as requiring the

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member actions result in the death of someone else?	intervention of law enforcement) and one for the member whose death resulted from the incident.
The incident date is a required field with a specific format, so what do we put if we know something has happened but don't know the exact date?	Use the date that the incident was discovered.
What is “root cause?” Are there specific root causes that should be entered? Is there a list of root causes provided by the state?	The root cause is the core issue. The highest-level cause that sets in motion the chain of cause-and-effect actions/behaviors/events that ultimately leads to the incident. There is no set of root cause answers. The person completing the form would need to evaluate the root cause. The root cause of the incident is the antecedent or core issue that resulted in the occurrence. There is no set of root cause answers. The reporting party considered the incident and determined what may have been the root cause. For example: “Mary was admitted to the hospital for multiple compound fractures resulting from falling down the stairs in front of her home. Root Cause: Exterior housing damage. The front stoop has collapsed causing a uneven surface on the stairs and walkway. Remediation: The IDT will work to identify means of repairing the front stoop and walkway. To avoid future incidents, Mary will use the side entry to the home until the stoop and walkway are repaired.”
If the provider and the case manager learn of a critical incident at the same time and the CM reports the incident does the provider also have to report?	If the case manager completes the incident report first, the provider is not required to complete one.
Can a provider keep the CM’s report on file to track and trend incidents?	The provider can keep the CM’s report for their records.
How would we know if someone else already submitted an incident report for an incident?	If the member is fee-for-service you would sign into IMPA, locate the member and you can view if an incident report for a specific date has been submitted. You are also able to read the report to ensure it applies to the same incident. For Amerigroup, providers can check here: https://provider.amerigroup.com/iowa-provider/home Iowa Total Care has instructions on their provider portal here: Provider Log-in. https://www.iowatotalcare.com/content/dam/centene/iowa-

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	total-care/PDF/ProviderPortalRegistration.Login.EligibilityPP Approved.pdf
<p>The requirements for mental health do not specify that a physician has to treat (like physical injury does) but does say “emergency mental health treatment”. What does “treatment” involve?</p> <p>The member was taken to the ER by her guardian and evaluated but they told her to use her coping skills and never did any med changes or gave any PRN’s, is this considered a major report?</p>	<p>Mental health treatment could be an assessment or evaluation of the situation to determine if they need to be admitted, need a medication change, need a referral to another specialist at a later date, etc. There may not be a change in services or medication, but in this scenario, a critical incident would be needed because the member was evaluated or assessed.</p> <p>Emergency mental health treatment could include assessment or evaluation of the situation to determine what course of action to take with a member experiencing an emergency mental health issue. Treatment may also include crisis response services, crisis stabilization and 23-hour holding and observation, admission to a hospital, or any other type of treatment.</p>
If police show up to talk with the member after calling law enforcement, does that reach the level of "intervention" of law enforcement?	Yes, a critical incident report would be made for the intervention of law enforcement because they spoke to the person to de-escalate the situation.
<p>If a member calls a Crisis Line and only speaks with them over the phone, does that qualify for an emergency mental health CIR?</p> <p>If there was just a phone call to 911 (not in-person contact), but Member speaks with officer, is a CIR required?</p>	<p>Requires the intervention of law enforcement means the physical presence of law enforcement. Neither a call to a crisis line or the police requires an incident report if police did not come to the scene in person.</p> <p>Calling a crisis line would not likely be considered “emergency mental health treatment” nor would calling 911 be considered an “intervention”. Typically, “intervention” would require the physical presence of law enforcement.</p>